



San Miguel County Sheriff's Office

684 CR 63L

Telluride, Colorado 81435

970-728-4442(P) 970-728-9206 (F)

OPEN RECORDS REQUEST FORM FOR CRIMINAL JUSTICE INFORMATION

Rules governing the release of criminal justice records are subject to the Colorado Open Records Act laws CRS 24-72-301 Adult Criminal Justice Records and CRS 19-1-301 Children's Code Records and Information Act. For most reports, there is a fee that must be paid by cash or check prior to the report being released. There is a \$5 fee for requests fewer than 15 pages. Requests over 15 pages will be billed an additional .25 per page. \$50.00 per hour fee for research and labor may be applicable, \$20.00 per DVD or video, \$5.00 per photo CD reproduction. Photo pages are \$2 (2 per page). Hard copy photographs may be scanned for \$5 per page.

TODAY'S DATE _____ COMPANY NAME _____

(IF APPLICABLE)

NAME OF REQUESTOR _____

ADDRESS _____

PHONE _____

☐ HOME

☐ MOBILE

☐ WORK

REPORT NUMBER* _____

**if unknown, please complete the following:*

TYPE OF REPORT

☐ CRIME

☐ ARREST

☐ OTHER/UNKNOWN

LOCATION OF INCIDENT _____

NAME OF PERSON(S) INVOLVED _____ DOB _____ Local

background checks require a full name and date of birth. They are limited to contacts made by our agency. For Colorado criminal history the Colorado Bureau of Investigation Web site www.cbirecordscheck.com.

Colorado Law 24-72-305.5 provides that the records custodian shall deny any person access to criminal justice records unless a statement is signed which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.

I AFFIRM THAT I SHALL NOT USE THE REQUESTED INFORMATION FOR SOLICITATION OF BUSINESS FOR MONETARY (PECUNIARY) GAIN AND ACKNOWLEDGE THAT SUCH VIOLATION IS A CLASS 3 MISDEMEANOR UNDER C.R.S. 24-72-309.

Signature of Requestor

PLEASE SELECT HOW YOU WOULD LIKE YOUR REPORT DELIVERED:

☐ I will pick up my report

☐ Email my report to _____

☐ Mail my report to address above

☐ Fax my report to _____

TO BE COMPLETED BY ADMINISTRATION

PROCESSED BY _____ PROCESS DATE _____ FEE TOTAL _____

REASON FOR DENIAL:

☐ CONTRARY TO STATUTE

☐ CONTRARY TO COURT ORDER

☐ CONTRARY TO PUBLIC INTEREST